REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 5 November 2015

Subject: Harrow CCG Commissioning

Intentions

Responsible Officer: Javina Sehgal, Chief Operating Officer,

Harrow CCG.

Exempt: No

Wards affected:

Enclosures: None

Section 1 - Summary and recommendations

Following an extensive programme of stakeholder engagement Harrow CCG has produced its Commissioning Intentions for 2016/17. These aim to improve health and social care outcomes for all Harrow residents and to provide clarity and direction for provider and other stakeholders about CCG priorities. The Commissioning Intentions also play a key role in ensuring that the CCG is working effectively to deliver the aims of the Health and Wellbeing Strategy.

Recommendations:

The Health and Wellbeing Board is requested to:

- 1. Review and endorse the Commissioning Intentions developed by Harrow CCG for 2016/17
- 2. Note the extensive stakeholder engagement that has taken place to inform them
- 3. Note the important part the Commissioning Intentions will play in the delivery of the Health and Wellbeing Strategy.

Section 2 - Report

Background

Each year Harrow CCG is required to produce and publish its commissioning intentions for the following year. The aim of these commissioning intentions is to set out clearly how the CCG will utilise its resource allocation in 2016/17 to deliver its vision and to highlight any significant changes it is planning to the services that it commissions during that time.

In particular the purpose of Harrow CCG's Commissioning Intentions is to:

- Notify our providers as to what services the CCG intends to commission for 2016/17.
- Provide an overview of our plans to commission high quality health care to improve health outcomes for Harrow registered patients for 2016/17.
- To engage with our member practices in commissioning a model of high quality health care for the residents of Harrow.

Attached to this report is the latest draft of the Harrow CCG Commissioning Intentions for 2016/17 – formal consultation on the Commissioning Intentions closes on Friday 30 October following publication of this report. Final versions of the Commissioning Intentions will be made available at the Health and Wellbeing Board meeting.

Harrow CCG's has a clear organisational vision. It is:

'To work in partnership to ensure that Harrow residents receive high quality, modern, sustainable, needs-led and cost effective care within the financial budgets available.'

To deliver this vision the CCG has identified 10 key priorities (below) and a detailed set of commissioning intentions (within the accompanying document).

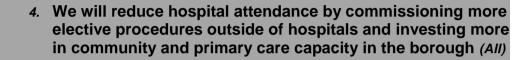
Values

Key Priorities for 2016/17



- 1. We will work with patients and other key stakeholders to ensure that we best meet the diverse needs of Harrow residents. (Governing Body, Engagement and Equalities Sub Committee, Joint Health and Wellbeing Executive).
- 2. We will promote self care and better health care education, focussing on prevention (All Services, Education Forum)
- 3. We will develop better patient pathways for Diabetes and MSK services

Localised A



- 5. We will work with GP Practices to increase access to primary care services and provide more services out of hours (Primary Care & Community Care Workstream)
- Integrated 🤣
- 6. We will transforming services to deliver whole systems, community based care focussing on providing joined up support for people at risk of hospital admission or with long term conditions. (All)
- 7. We will leverage the benefits of technology to provide more timely, joined up services, better and more consistent treatments and the more optimum use of resources (Information Management Workstream)
- 8. We will work with partners in NW London to improve urgent care and out of hours care pathways to ensure more responsive care and to reduce pressure on A&E and LAS services (Unplanned Care Workstream)
- 9. We will work with other commissioners and providers to develop better and more integrated mental health and children's services (Childrens, Mental Health Workstreams)
- Centralised
- 10. We will reduce the amount of time spent by patients in hospital by increasing the availability of community beds and developing better and more efficient care pathways out of hospital and into the community (Unscheduled Care Workstream)

The Commissioning Intentions provide a basis for robust engagement between the CCG, partners and providers, and are intended to drive improved outcomes for patients and to transform the design and delivery of care, within the resources available. Whilst developing the Commissioning Intentions for 2015/16 last year, the CCG undertook an extensive engagement programme with a variety of stakeholders. The range of feedback received resulted in the following changes termed as 'You Said, We Did'":

You Said	We did
Engage more with Harrow patients and other stakeholders	 Increased number of engagement events CCG team attend and facilitate Involved stakeholders in wheelchair and community services procurement Increased engagement around 2016/17 Commissioning Intentions
We need better and more integrated community nursing services	We have developed a new integrated community services model and undertaken a procurement exercise to identify a provider to deliver it
The CCG needs to work better with your partners	Worked with Harrow Council to agree a Better Care Fund Plan to deliver better integration between health and social care and to refresh and renew the Harrow Health and Wellbeing Strategy
Focus on improving respiratory and hone oxygen services	Have incorporated this requirement in new community services specification
Carry on and accelerate your work on integrated care	Focussed on care planning for people with long term conditions and the roll out of virtual wards

In developing the 2016/17 Commissioning Intentions an extensive programme of stakeholder engagement has been undertaken following the original publication of the draft document. In particular engagement sessions with representatives from Mind, HAD, Age UK, Harrow Patient Participation Network, Healthwatch Harrow, each Harrow GP Peer Group and the Harrow GP Forum have taken place. In addition a stakeholder engagement event attended 181 people was facilitated on Thursday 22 October. Of those completing an event satisfaction survey 94% said they were satisfied or very satisfied with the topics discussed on the tables at the event.

Key findings from the stakeholder engagement exercise include:

- Widespread support amongst all stakeholders for continuing to focus on delivering whole systems integrated care;
- Overwhelming support for focussing on increasing the use of technology to provide better access to services and to enable more effective patient record sharing;

- Opportunities to make it easier for residents to understand what health services are available and which is most appropriate in what circumstance (eg walk in centres, urgent care, A&E);
- A range of opportunities to provide more services in the community (Sleep Apnoea Service, Obesity Clinic);
- A clear requirement to work with and engage more with young people in developing health care priorities and to help people to better understand what health services are available;
- Significant opportunities for providing better and more integrated mental health services;
- Support for seven day services and the work underway to make this happen;
- Support for the shared priorities set out in the new Health and Wellbeing Strategy.

The CCG will now work with providers and other partners to deliver the proposed commissioning intentions and has scheduled a further stakeholder engagement event in January 2016 to review progress and to provide a further opportunity for Harrow patients to influence Harrow CCG priorities.

Section 3 – Further Information

None

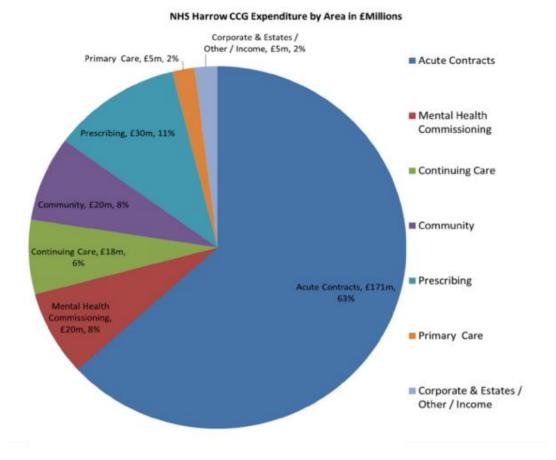
Section 4 – Financial Implications

The Commissioning Intentions are used to inform the utilisation of all of Harrow CCGs resources.

The CCG received a recurrent resource allocation of £269m for the 2015/16 financial year, which it utilises to commission healthcare services for Harrow residents.

Harrow CCG is a financially challenged organisation and while it achieved break even in 2014/15, it has an underlying deficit of £12million and is currently the beneficiary of financial support from other CCGs within the North West London Collaboration. Harrow CCG is working hard on finalising a Sustainability Plan aimed at clearing the underlying deficit, which will need to be agreed with NHS England. A key priority for the CCG in 2016/17 will be delivery of the QIPP efficiency plan.

The chart below provides an overview of the resource allocation in 2015/16.



Section 5 - Equalities implications

Equality implications are considered within the accompanying Commissioning Intentions document.

Section 6 - Council Priorities

The vision of the Harrow to start, live, work and age well of

To help all in Harrow to start, live, work and age well concentrating particularly on those with the greatest need.

By this we mean:

- Start well we want children from the womb to adulthood to be safe,
 happy and have every opportunity to reach their full potential
- Live well we want high quality, easily accessible health and care services when we need them, sufficient and good quality housing, green and active spaces, healthy high streets and neighbourhoods

- Work well we want to help people to be financially secure by finding good jobs and staying in work in an organisation which promotes health and wellbeing
- Age well we want to enable older people to remain well, connected to others and independent in their own homes for longer and enable dignified deaths

The Harrow CCG Commissioning Intentions have been devised to support directly the delivery of the Harrow Health and Wellbeing Strategy.

Ward Councillors notified: No

Section 7 - Contact Details and Background Papers

Contact: Dylan Champion – Assistant Chief Operating Officer (Interim), Harrow CCG

Background Papers: N/A